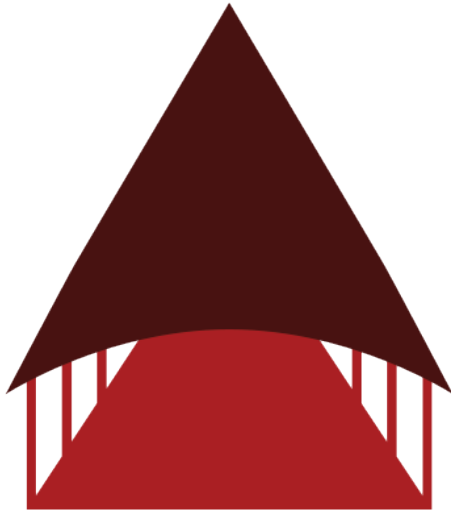


Notice: Temporary Fee Reduction

As a result of HB 1091 becoming law on July 1, 2023, the temporary PE licensure fees has been reduced by 50 percent for Fiscal Years 2023-24 and 2024-25. The total amount to be submitted with this application has been reduced from \$155 to \$142.50.

Please submit payment in the amount of **\$142.50** with this application.



FBPE

FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

2400 Mahan Drive
Tallahassee, Fla. 32308

**Application for Temporary
Licensure by Endorsement**

CHECK LIST (for Applicant's Use)

Before mailing your application packet, make sure that you have completed the following items.
(Please do not return this checklist to our office.)

- Complete the **TEMPORARY ENDORSEMENT APPLICATION** in its entirety. Carefully read all instructions before beginning the Application. The application must be complete when submitted for a Temporary License. The Temporary License is good for a) one job or project, and b) one year from the date of issuance.
- Complete **PROFILE DATA** in its entirety.
- SIGN AND NOTARIZE** the application.
- Attach a copy of your **CURRENT DRIVER LICENSE**.
- Attach a check with the **\$155 FEE** made payable to the Florida Board of Professional Engineers or FBPE. Florida Statute 471.011(6)
- The top of the **VERIFICATION OF EDUCATION AND TRANSCRIPT RELEASE** will be completed by you and forwarded to your university or college. Transcripts are required from the university or college. You college or university will complete this document and forward it, along with a certified transcript, directly to the Board Office. (If a document is returned to us from an institution without the transcript, it will be returned to you.) If your college or university is unable to mail the transcripts directly to the Board office, the transcripts may be mailed to you in a sealed, stamped envelope, and you may forward the **UNOPENED** transcripts along with your application. Opened transcripts will result in the entire application being returned to you. Please note: The Florida Board will not issue a Temporary License if you do not hold an ABET-accredited engineering degree.
- The top portion of **EMPLOYMENT/CLIENT VERIFICATION** will be completed by you. The bottom of the **EMPLOYMENT/CLIENT VERIFICATION** will be completed by your employer(s). Four years of employment must be verified. Send all employment/client verification(s) in a sealed envelope with your application.
- Complete the top portion of **VERIFICATION OF LICENSURE** and forward to the appropriate states(s) to verify that you have passed the NCEES Fundamentals and Principles & Practice exams. Engineering Intern must be verified, as well as Professional Engineer, regardless of number of years you have been licensed. Verification of licensure must be returned to you in a sealed, stamped envelope from the State Board of Engineers where you took the exam(s). Send the verification(s) with your application **UNOPENED**. Opened verification(s) will result in the entire application returned to you.
- A **LETTER STATING** the physical address (location) of the project, the name of the project, Engineer of Record (who must be a Florida PE), the start date and projected ending date of the project must be part of the Temporary License Application. A Temporary License is valid for one project and/or one year. The Temporary License cannot be renewed. If you plan to sign and seal under a business/company name then the business/company will be required to obtain a Temporary Certificate of Authorization.
- After your Application has been received, FBPE will email you a link to the online **LAWS AND RULES STUDY GUIDE**. Follow the link and complete the Study Guide. See page 11 for more information.

TEMPORARY ENDORSEMENT APPLICATION (To be completed by FBPE)				For Office Use Only	
File #: _____					
Application #: _____					
\$155 Fee Received: _____					
1. APPLICANT PROFILE DATA. Please type or print with ballpoint pen, indicate name as you wish it to appear on all licensing documents.					
Name	Last	First	Middle		
Mailing Address	Number and Street		Apt/Lot No.		
	City	County	State	Zip Code	
Home Telephone No. () ()	Business Telephone No. () () Extension #:		Place of Birth (City, State, County)		*Social Security No.
Email Address: _____			*Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598 and 409.2598, Florida Statutes.		
Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name: [] YES [] NO If YES, list name(s) and date(s) of change below:					
We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee selection Procedure (1978) 43FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. Race: [] Caucasian [] African-American [] Hispanic [] Asian [] Native American Other: _____					
Sex: [] Male [] Female		Date of Birth: _____		Email: _____	
2. EDUCATION:					
Name & Addresses Of Schools/Colleges Attended:	Did you graduate?		Dates Attended Month/Year	Degree Earned	EAC/ABET Accredited Yes/No
	Yes	No			
	Yes	No			
	Yes	No			
Note: List here if enrolled in postgraduate program, check appropriately and list name and	Yes	No			
3. DO YOU HAVE NCEES COUNCIL RECORDS? ____ YES ____ NO					IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT THE ENDORSEMENT DESK AT (850) 521-0500
If you answered yes, please list your council record # _____ and have a copy sent to our office from NCEES. (Refer to instruction before answering this question)					

APPLICATION FOR Temporary Licensure by Endorsement Fee: \$155.00	FLORIDA BOARD OF PROFESSIONAL ENGINEERS 2400 Mahan Drive Tallahassee, FL 32308 (850) 521-0500
---	--

1. APPLICANT PROFILE DATA. Please type or print with ballpoint pen, indicate name as you wish it to appear on all licensing documents.

Name	Last	First	Middle
Mailing Address	Number and Street		Apt/Lot No.
	City	County	State Zip Code
Permanent Address: (if)			
Employment Address	Business name		
	Number and Street		
	City	County	State Zip Code

**ATTACH
A COPY OF YOUR
DRIVERS' LICENSE**

2. EXAMINATION HISTORY

Have you ever taken a written Engineering Examination in any state of U.S. Territory? YES NO

	Where?	When?	Hours?	Results?	License Number?
Engineer Intern	_____	_____	_____	_____	_____
Professional Engineer	_____	_____	_____	_____	_____

3. LICENSURE HISTORY

Do you now hold or have you ever held a license or registration to practice engineering in any state or U.S. Territory (including Florida)?

YES NO If yes, list all such licenses below.

State :	License No:	Year Issued:	Type of License:	If license is not in force, how and when validity ceased:	License Status:

4. APPLICANT HISTORY – GENERAL (ATTACH ADDITIONAL SHEETS IF NECESSARY)

<p>A. Have you ever been convicted or found guilty, or entered a plea of guilty or nolo contendere regardless of adjudication, of a crime in any jurisdiction, or have you ever been found guilty by a military court-martial? (Do not include any pending charges or non-criminal traffic offenses). If YES, please list date, jurisdiction (state and county), offense, disposition, and all other relevant information.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>B. Have you ever been declared legally incompetent in the past five (5) years? If YES, please explain in full on attached sheet(s) including full details as to court, dates and circumstances, and medical practitioners consulted.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>C. Have you ever undergone treatment for the use of drugs, narcotics, or intoxicating liquors in the past five (5) years?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>• If 4-C above is answered YES, please show on additional sheet(s) the relevant dates and circumstances of such treatment along with the names and addresses of the medical practitioners who treated you. In addition, it will be necessary for you to direct each of the practitioners or hospitals that treated you to furnish the board any information the Board may request with respect to such treatment.</p>	

5. APPLICANT HISTORY – PROFESSIONAL LICENSURE	
A. Have you ever been denied the right to take an Engineering examination in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you ever been refused an Engineering license – or the renewal thereof – in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you ever had a certificate of registration to practice Engineering revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• If 5A, 5B, or 5C are answered YES, you must provide complete details as to state(s), license number(s), date(s) and relevant circumstances on attached sheet(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. PROFESSIONAL ENGINEERS DISCIPLINE	
Indicate ONE discipline of Professional Engineering in which you desire to be recorded: _____	

7. PERSONAL ENGINEERING REFERENCES. Show below the names and address of at least three (3) engineering references. (All three must be professional engineers.) Do not use the same individual to verify employment.

Name	Address	Qualifications
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby makes application for temporary licensure by endorsement and affirms that all statements and answers herein contained are true and correct. Any willful falsification of any information contained in this application or attached documents will be grounds for disqualification.

APPLICANT SIGN HERE: _____ **DATE:** _____

STATE OF () **ACKNOWLEDGED BEFORE ME**
 COUNTY OF () **THIS _____ DAY OF _____, 20_____**

/s/ _____ **MY COMMISSION EXPIRES:** _____

TO BE COMPLETED BY APPLICANT

8. APPLICANT'S NAME: _____ EXPERIENCE RECORD: SUMMARY AND DESCRIPTION Name and Address of Employer at Time of Employment Work Experience #: Name: Address: Contact #: Date of Employment: From _____ to _____	EXPERIENCE ALLOCATION Listed in months				
	(1)	(2)	(3)	(4)	(5)
	Non-Engineering Employment	Engineering Experience Prior to Taking the FE Exam	Engineering Experience Subsequent to FE and Prior to PE Licensure	Professional Engineering Experience Subsequent to PE Licensure	Academic Engagement
<input type="checkbox"/> Full Time	_____	_____	_____	_____	_____

List all employment/experience beginning with earliest experience:
(A minimum of four years or forty-eight (48) months) must be verified at the time of submitting your application.) Employment verification must be completed by professional or practicing engineers using the Employment/Client Verification form (pg. 9). All engineering experience after graduation or prior to graduation shall be listed beginning with earliest experience. Non-engineering experience or periods of unemployment shall be listed but is not required to be verified. If self employed or are an officer or principal of a company, you are required to submit five (5) client references in lieu of employment verification using page 9 of the application.

Applicant must provide detailed and specific statements defining design work performed and must list the projects for which he/she had full or partial responsibility, including a statement of the extent and complexity of work performed. *Use one form for each work experience.* Make as many copies of this form as you need to list employment. **Your application will be considered incomplete if a detailed statement is not included.**

DESCRIPTION:

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

ATTENTION: ENDORSEMENT DESK

**2400 MAHAN DRIVE
TALLAHASSEE, FLORIDA 32308
(850) 521-0500**

**VERIFICATION OF LICENSURE
ENDORSEMENT
TEMPORARY LICENSE**

**FROM: STATE VERIFYING
LICENSURE/EXAMINATION**

Date _____

(PLEASE WRITE THE NAME OF THE STATE COMPLETING DOCUMENT)

Name of Applicant _____

**TO: FLORIDA BOARD OF
PROFESSIONAL ENGINEERS
2400 MAHAN DRIVE
TALLAHASSEE, FLORIDA 32308**

Street _____

City _____ State _____ Zip _____

Date of Birth _____

I. THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:

	CERTIFICATE NUMBER	DATE ISSUED	VALID UNTIL	DATE APPLIED
Engineer Intern	_____	_____	_____	_____
Professional Engineer	_____	_____	_____	_____

II. BASIS OF REGISTRATION:

	HOURS	RESULTS	NCEES EXAM	EXAM DATE
1. Written Examination: EI:	_____	_____	_____	_____
PE :	_____	_____	_____	_____
Examination Option:	_____			
2. EI Accepted From:	_____			
PE Accepted From:	_____			

III. REMARKS:

Name	Last	First	Middle	Board Seal
	Number and Street			
Mailing Address	City	County	State	

Verification of Education And Transcript Release For Temporary Licensure by Endorsement

Please complete all information pertaining to the Institution and yourself, and send it to the Institution(s) you attended. PLEASE TYPE OR PRINT LEGIBLY.

Name and Address of Institution:

Name and Address of Applicant:

Social Security No.: _____

Date of Attendance: _____

Degree Awarded: _____

Date Degree Awarded: _____

Discipline: _____

I am making application to the Florida Board of Professional Engineers for licensure as a Professional Engineer. With this understanding, I request confirmation of this information by completion of this document. Please forward this document, along with an official copy of my transcript, to the Attention of Endorsement Desk, Florida Board of Professional Engineers, 2400 Mahan Drive, Tallahassee, Florida 32308.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY THE INSTITUTION ONLY

This is to certify that _____ D.O.B. _____ received
his/her _____ Degree/Degrees, with a major in the
_____ Discipline, on _____
from _____.

Signature of Registrar

Date

**RETURN THIS DOCUMENT
AND TRANSCRIPT TO:**

(SCHOOL SEAL)

**ATTENTION: ENDORSEMENT DESK
Florida Board of Professional Engineers
2400 Mahan Drive
Tallahassee, FL 32308
(850) 521-0500**

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

ATTENTION: ENDORSEMENT DESK

2400 MAHAN DRIVE
TALLAHASSEE, FLORIDA 32308
(850) 521-0500

**EMPLOYMENT/CLIENT VERIFICATION FOR TEMPORARY LICENSURE BY
ENDORSEMENT**

Name of Applicant

Name of Company

Street Address

Name of Person Completing Document

City, State, Zip Code

Street Address

Date of Birth

City, State, Zip Code

Telephone No.

Telephone No.

Indicate date document was forwarded to reference: _____

I have given your name as an employer/client and have submitted to the Board of Professional Engineers a signed, sworn and notarized Certification of Release Statement authorizing "any individual, company or institution with whom I have been associated with, to furnish the Florida State Board of Professional Engineers with any information concerning my qualifications for professional registration in Florida which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

Will you kindly furnish from your company records; the information requested below and forward the completed document directly to the Board of Professional Engineers.

Applicants Signature

1. The above applicant is or was employed with this company from _____ to _____.
2. During his/her employment that applicant has worked with me/for me from _____ to _____.
3. I know the applicant has been engaged in engineering for _____ years.
4. I know the applicant has been in an increasing level of responsibility of engineering for _____ years.
5. Please comment on the applicant's engineering work as indicated in question #3 and #4 for the above outlined time

frame as to:

A. Experience: _____

B. Ability: _____

C. Competency: _____

TO BE COMPLETED BY REFERENCE:

To the best of my knowledge, the above is true and correct. Please indicate your status below.

Registered Professional Engineer Practicing Engineer (Chapter 471.003(2))

Client _____

State(s) of Registration _____

(PE SEAL IF APPLICABLE)

Reference Signature _____

Date and Title/Position _____

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

ATTENTION: ENDORSEMENT DESK

2400 MAHAN DRIVE

TALLAHASSEE, FLORIDA 32308

(850) 521-0500

**PERSONAL ENGINEERING REFERENCE FOR TEMPORARY LICENSURE BY
ENDORSEMENT**

Name of Applicant

Name of Company

Street Address

Name of Person Completing Document

City, State, Zip Code

Street Address

Date of Birth

City, State, Zip Code

Telephone No.

Telephone No.

Indicate date document was forwarded to reference: _____

I have given your name as an reference and have submitted to the Board of Professional Engineers a signed, sworn and notarized Certification of Release Statement authorizing "any individual, company or institution with whom I have been associated with, to furnish the Florida State Board of Professional Engineers with any information concerning my qualifications for professional registration in Florida which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

Will you kindly furnish from your company records; the information requested below and forward the completed document directly to the Board of Professional Engineers.

Applicants Signature

1. I have known the applicant for _____.
2. I know the applicant is or was engaged in engineering for _____ years at _____.
(name of company)
3. I know the applicant has been engaged in engineering for _____ years.
4. I know the applicant has been in an increasing level of responsibility of engineering for _____ years.
5. Please comment on the applicant's engineering work as indicated in question #3 and #4 for the above outlined time frame as to:
 - A. Experience: _____
 - B. Ability: _____
 - C. Competency: _____

TO BE COMPLETED BY REFERENCE:

To the best of my knowledge, the above is true and correct. Please indicate your status below.

Registered Professional Engineer

State(s) of Registration _____

(PE SEAL)

Reference Signature _____

Date and Title/Position _____

BOARD OF PROFESSIONAL ENGINEERS INSTRUCTIONS FOR APPLICATION FOR TEMPORARY LICENSURE BY ENDORSEMENT

In order to qualify for Temporary Licensure by Endorsement, you must meet the qualifications listed in Chapter 471, Florida Statutes (F.S.), and Rule 61G15, Florida Administrative Code (F.A.C.), in regard to educational requirements and examinations completed and/or qualifications for waiver of examinations based on combinations of education and experience. Endorsement applications are processed by our office staff and are reviewed by the Board's Application Review Committee at such time after they are deemed complete. If the Board approves your application, you will be issued a license. If you are denied Temporary Licensure by Endorsement, you will be advised of your right to appeal the decision of the Board. Please refer to the Application Instructions section for instructions on completing the application packet.

NOTE: If you hold a Certification Record with the National Council of Examiners for Engineering and Surveying (NCEES), you do not need to complete the documents listed as Verification of Education Release, Personal Reference, Employment/Client Verification and Verification of Licensure. **This Certification is not to be confused with the taking and passing of NCEES examinations. A certification record results from an actual certification record held by NCEES and created by you as an applicant.**

This application packet should contain the following items:

- Application
- Original Profile Data
- Verification of Education Release
- Personal Reference
- Employment Verification
- Verification of Licensure

This material can be downloaded from our website: fbpe.org

NOTE: Successful completion of the FBPE Study Guide, covering Chapter 471, Florida Statutes, and Rule 61G15, Florida Administrative Code, is required for licensure. The Study Guide is an online text with 33 questions. You will be sent a link to the website with logon information. You will then complete the Study Guide online and your results will be sent directly to FBPE for inclusion with your file. You will also receive a Certificate of Completion once you have successfully completed the Study Guide.

APPLICATION

Attach one copy of your Driver's License. Print your name in Section 1, as you want it to appear on your license. Once this application has been submitted to the Board Office, we cannot change your record.

Your engineering experience must be listed consecutively and should correspond to the dates on the Employment Verification. There must not be any lapse of time in your experience record. All time, engineering or non-engineering related, must be listed. Non-engineering experience will not require verification unless requested by the Board. Use the Employment Verification form to verify experience. If verification becomes impossible, a notarized letter should be submitted listing the company name, the date of employment and an explanation of the difficulties preventing verification.

Below is a description of how Section 7 of the **APPLICATION** should be completed:

You are required to list your experience and verify that experience. A copy of the experience rule is provided so that you can review the criteria for qualification. Page 5 (Section 7) is the form that must be completed for each period of experience/employment. Engineering and non-engineering experience must be addressed by completion of a form. Engineering experience must be verified by a Professional or Practicing Engineer using the Employment/Client Verification form. If the experience listed is not engineering, then a verification of employment is not required. You may duplicate the form to ensure sufficient copies. Remember the importance of addressing all time frames in a continuous and consecutive order.

The application must be completed in its entirety. All questions must be answered. All past and present employment experience must be listed and printed or typed legibly. All persons serving as Personal References must be listed in Section 8. If your application is not complete or is not legible, **it will not be accepted and will be returned to you.**

ORIGINAL PROFILE DATA

Print your name as you wish it to appear on your license. It must be the same as it appears on the Application. All questions on this document must be answered. Make sure you attach your check, made payable to the Board of Professional Engineers, for \$155 to this document.

The Board will not accept or process any application until the complete fee has been received and all questions on the Profile Data and the Application have been answered. If you should omit the fee when you submit your application, the Board office will return your application to you. When you receive your returned application, you can resubmit it at that time with the appropriate fee.

APPLICATION INSTRUCTIONS

VERIFICATION OF EDUCATION AND TRANSCRIPT RELEASE

Send this document directly to the institution from which you received your engineering degree(s). The institution(s) will complete this document and forward it, along with a certified transcript, directly to the Board Office. (If a document is returned to us from an institution without the transcript, it will be returned to you.)

NOTE: In order to qualify for licensure in Florida, you are required to evidence graduation from an Engineering Accreditation Commission/Accreditation Board for Engineering Technology (EAC/ABET) accredited degree program. If you are not sure whether your degree is accredited by EAC/ABET, please contact the university from which you received your degree.

PERSONAL ENGINEERING REFERENCE

Make three copies of this document and send one to each of the individuals serving as personal references. **All three must be** registered professional engineers. List the three individual's names and addresses in Part 8 of the Application Document. **Personal references cannot be used to verify engineering experience.**

EMPLOYMENT VERIFICATION

Make copies of this document and send one to each of your past and present employer(s), who is an engineer that will be verifying your engineering experience pursuant to Rule 61G15-20.002(2). List all of your past employment history in Section 7 of the Application. List your employment history in chronological order in Section 7 of the Application starting with your first date of employment and progressing to your present employment. If self-employed, you need to submit this document to at least five different clients that have employed your engineering services.

Note: Complete the top of each document before mailing. The individual must indicate at the bottom of the document whether he/she is a Registered Engineer or a practicing Engineer. Any document received, which is not complete, will be returned.

VERIFICATION OF LICENSURE

Complete the first section of this document and forward a copy to the most current state in which you are registered and to the states in which you have completed a licensing examination (the Fundamental of Engineering and the Principles and Practice examinations). Fill in the date; you're complete name, address, and your certificate number or registration number. This document must be returned to the Florida Board of Professional Engineers by the state completing the Verification of Licensure Document.

NOTE: When using the NCEES council record, you do not need to complete the documents listed as Employment/Client Verification, Personal Reference, and Verification of Education and Verification of Licensure. Type a short note in Section 7 and Section 8, of the Application to refer to the NCEES Council Record booklet.

Note: Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 455.213(1), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

**LAWS AND RULES STUDY GUIDE
CHAPTER 471, F.S., RULE 61G15, F.A.C.,
33 Questions on the Florida Laws & Rules**

Please read Chapter 471, F.S., and Rule 61G15, F.A.C., to become aware of the rules regulating the engineers in the state of Florida. Use the website link that will be sent to you and complete the study guide online. Retain a copy of the Florida Laws and Rules for future reference.

NOTE: Registered Professional Engineers are persons holding professional engineering registration in any state.

Practicing Engineers are those persons in the engineering professions who are not required to be licensed in their state.

Refer to Rule 61G15-21.002(2)(a), F.A.C., for additional information.

**If you have any questions concerning Temporary Licensure by Endorsement,
Contact
Endorsement Desk
Licensure Technician**

**Florida Board of Professional Engineers
2400 Mahan Drive
Tallahassee, Florida 32308
(850) 521-0500**